

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

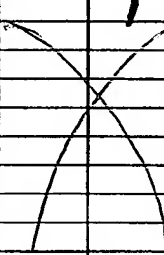
10/551118

FILING DATE

APPLICANT(S)

Corrected Copy

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3 ³		/		
5		3 ³		/		
6		3 ³		5		
7	/		/			
8		/		/		
9		/		/		
10		3 ³		/		
11		3 ³		5		
12		3 ³		5		
13	/		/			
14		/		5		
15	/		/			
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28		3 ³				
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	↓	4	↓		↓
TOTAL DEP.	28	←	29	←		←
TOTAL CLAIMS	37		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						